

## ROUTING AND TRANSMITTAL SLIP

Date

24 October 1988

DD/A Registry

88-2483X

TO: (Name, office symbol, room number,  
building, Agency/Post)

Initials

Date

1. O/Comptroller

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

## REMARKS

Linda,

We have received several pamphlets and booklets about a Drug Free Work Place which are distributed to all agencies--these were all unsolicited. I would estimate the value to be \$200 maximum. I spoke with [ ] of OGC about this bill and he suggests that we pay it, if it is a shared cost. He stated, however, that we need to determine how they arrived at these costs in a gentle way. You may want to call Gary on [ ] Please keep me advised.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM	y/Post)	Room No.—Bldg.
	EXA/DDA	Phone No.

5041-102

★ U.S. Government Printing Office: 1987-181-246/60000

OPTIONAL FORM 41 (Rev. 7-76)  
Prescribed by GSA  
FPMR (41 CFR) 101-11.206

DD/A REGISTRY

FILE: Med 4